



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 201242	Foristell Police Department	DATE OF INSPECTION 02.12.2010
LOCATION OF INSTRUMENT (STREET AND CITY) 30 First Street Foristell Mo 63348		TIME OF INSPECTION 07:15 AM

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 48° °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34° C Guth Simulator 2100 #DR5377	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .098	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .099
--	--	--

<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 2	(0-.04) 0	(.05-.09) 3	(.10-.14) 7	(.15-.19) 0	(Over .19) 1
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Guth Lab Solution
Lot 09270 .10%
09.23.2010 11:59 PM

INSPECTING OFFICER

SIGNATURE 	PRINT NAME DG Johnson
TYPE II PERMIT NUMBER/EXPIRATION DATE 820262 09.08.2010	TELEPHONE NUMBER 636.463.2123 x 227



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09270** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1207** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **September 23, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



DOUGLAS G. JOHNSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/08/08
Number 820262
Expires 09/08/2010

Eric C. Blum
Director of State Public Health Laboratory

Director, Department of Health

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
FORISTELL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261242
02/12/10

TESTING OFFICER:

JOHNSON/D/G

OFFICER I.D.: 781

PERMIT NUMBER: 820262

EXPIRATION DATE: 09/03/10

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:29
INTERNAL STANDARD	VERIFIED	07:29
EXTERNAL STANDARD	.098	07:29
BLANK TEST	.000	07:30
EXTERNAL STANDARD	.099	07:31
BLANK TEST	.000	07:32
EXTERNAL STANDARD	.099	07:32
BLANK TEST	.000	07:33

N = 3

SIM. = .1

AVG. = .0986

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
FORISTELL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261242
02/12/10
07:19

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (84-87-2009): OKAY

HEATERS
SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

"#%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~"
"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~"

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
FORISTELL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281242
02/12/10

ARREST TIME: 06:00

SUBJECT NAME:

JOHNSON/D/G

DOB: 02/12/10 SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:

JOHNSON/D/G

OFFICER I.D.: 701

TESTING OFFICER:

JOHNSON/D/G

OFFICER I.D.: 701

PERMIT NUMBER: 820262

EXPIRATION DATE: 09/08/10

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	07:36
INTERNAL STANDARD	VERIFIED	07:36
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901